Building a Public Health Workforce to Address Health Inequities and the Social Determinants of Health

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Overview

- Brief history
- Where we are now
- PH 101
  - Overview
  - Lessons Learned
  - Recommendations
- Resources and contact information
ACPHD’s Mission

- To work in partnership with the community to ensure the optimal health and well-being of ALL people through a dynamic and responsive process respecting the diversity of the community and challenging us to provide for present and future generations.
History—How We Got Here

- **Alameda County’s New Public Health: A Proposal (1993)**

- **Creation of Community Health Teams**

- **Community Capacity Building (CCB) as a way to address health inequity**

- **2006 ACPHD strategic planning process to address health inequities**

**Community Capacity Building**

“Strengthen characteristics of communities to plan, develop, implement, & maintain effective community programs that positively affect broader community conditions that determine health and well being.”

-adapted from the Kellogg Foundation
ACPHD’s Approach to Achieving Health Equity

Policy Change

Institutional Change

Community Capacity Building

Data and Research

Programs

Services
ACPHD’s Approach to Achieving Health Equity

Policy Change

Programs

Institutional Change

Data and Research

Services

Community Capacity Building

HEALTH EQUITY
Institutional Change

Strategic Plan

- PH 101
- Sharing the Vision
- Leadership Programs
- Inst. Racism Discussions

Sharing the Vision
Institutional Change

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Sharing the Vision

Inst. Racism Discussions

Leadership Programs

PH 101
Public Health 101

Module 1:
PH History; Public Health System
Core Functions & 10 Essential Services

Module 2:
Cultural Competency and
Cultural Humility

Module 3:
Undoing Racism

Module 4:
Social and Health Equity

Module 5:
Community Capacity Building
Why Public Health 101?

Goal: Increase education and awareness around the 5 module areas.

- Ensure that all staff have an understanding of the past, present and future of Public Health
- Prepare ACPHD staff to address ongoing challenges
- Ensure that ACPHD staff have common language and understanding of the issues Public Health is facing
- Engage all ACPHD staff in developing strategies to address health inequities
- Continue improving the quality of services provided to Alameda County residents
Pedagogy for Social Justice

Methodology

- Technology of Participation
- Freirian popular education pedagogy

Goal

- Create learning activities that foster a deep understanding of social determinants of health and build commitment to eliminate health inequities in our diverse population.
Technology of Participation

- A highly participatory technique with specific frameworks for:
  - Focused conversation
  - Consensus workshops
  - Strategic planning

- Fosters creative thinking, consensus-based decision making, and team building

- Generates ownership of decisions
Module 1: PH History; Public Health System, Core Functions

Excerpt: Timeline of Historical Events

1900’s

1965 – Medicare & Medicaid


1968 – Civil Rights Act

1978 – Congress banned lead-based paints in housing

1978–1980 – Environmental Protection Agency created

1987 – Homeless Assistance Act established Health Care for the Homeless Program

1990 – Nutrition Labeling & Education Act

2000 – CDC launched National Electronic Disease Surveillance System

2006 –
Module 2: Cultural Competency and Cultural Humility

- Individual reflection
- History
- Legal aspects & policy
- Case studies
- Small & large group discussions
- Applying it to our work
Module 3:
Undoing Racism

What is this thing called race?

RACE
the power of an illusion

Courtesy of California Newsreel
Module 4: Social and Health Equity

Socioeconomic, cultural, & political environment

Social & physical environment

Individual lifestyle factors

Age & hereditary features
Module 5: Community Capacity Building
Challenges

- Limited resources for a large project:
  - PH 101 has been developed and staffed by ACPHD
  - Need for flexibility with trainers and scheduling

- Diversity in programs, services and staff responsibilities:
  - How to be responsive to clinical, program, administrative and technology support staff

- Difficult conversations about sensitive topics:
  - ACPHD staff diversity in multiple dimensions has required sensitivity on PH 101 modules
  - How do we ensure diversity of trainers for the different modules?
Lessons Learned

- Diversity is key
- Facilitators need support & constant reflection
- Logistics, implementation, & completion takes more time than planned
- Experiential learning will have a more sustained impact than traditional trainings
Keys to Success

- Adapt/create your own curriculum that is tailored to your locality & use local examples
- Primary trainers should have expertise in not just content but facilitation and group process
- Provide multiple opportunities for facilitator support
- Mandatory for all staff
- Leadership support is essential
Resources

- Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County: Executive Summary
  [website link]

- Alameda County Public Health Department’s Health Equity Web page: [website link]

- ACPHD Strategic Plan
  [website link]

- Race: The Power of an Illusion
  [website link]
Resources

- Unnatural Causes www.unnaturalcauses.org

- The National Association of County and City Health Officials’ Social Justice page www.naccho.org/topics/justice/index.cfm

- Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S. www.macses.ucsf.edu/News/NEWS.html
Resources


Contact Information

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